

MERIT Professional Record Request

Managed Education and Registry Information Tool

merit.del.wa.gov



Washington State Department of
Early Learning

Professional **D**evelopment **P**athways

Use this application to register in MERIT and receive a STARS ID, or to update information in your professional record. Visit the MERIT website to complete this application or update online. Please print or type. **Fields marked with an asterisk (*) are required.**

SECTION 1: APPLICANT INFORMATION

*Last name		*First Name		*Middle Name	
*Date of Birth (mm/dd/yyyy) ____/____/____		*Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		STARS ID	
*Mailing Address					Apartment/Unit #
*City	*State	*Zip Code	*County of Residence	*Country	
*Phone Number (primary contact) () ____ - ____ ext. ____			Phone Number (secondary contact) () ____ - ____ ext. ____		
Email			Alternate Email		

SECTION 2: DEMOGRAPHIC DATA (Used for Statistical Purposes Only)

Ethnicity:

☐ Hispanic/Latino ☐ Not Hispanic/Latino

Race (mark all that apply):

☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Pacific Islander
☐ White ☐ Other

*Primary Language:

☐ English ☐ Spanish ☐ Russian ☐ Vietnamese ☐ Ukrainian ☐ Somali ☐ Korean ☐ Tagalog ☐ Punjabi ☐ Cambodian
☐ Chinese (Cantonese) ☐ Arabic ☐ Samoan ☐ Chinese (Mandarin) ☐ Japanese ☐ Amharic ☐ Other: _____

Secondary Language:

☐ English ☐ Spanish ☐ Russian ☐ Vietnamese ☐ Ukrainian ☐ Somali ☐ Korean ☐ Tagalog ☐ Punjabi ☐ Cambodian
☐ Chinese (Cantonese) ☐ Arabic ☐ Samoan ☐ Chinese (Mandarin) ☐ Japanese ☐ Amharic ☐ Other: _____

SECTION 3: CURRENT EMPLOYMENT INFORMATION

Section 3A: Employment in DEL Licensed or Certified Child Care Facilities. Include information as it appears on the license. For assistance, use Child Care Check at www.del.wa.gov or contact your DEL licensor. Use the licensee's name for family home child care. **Include all fields for your employer.**

Employment Start Date (mm/dd/yyyy): ____/____/____

Provider ID Number: _____

Facility Name: _____

Phone Number: () ____ - ____ ext. ____

Address: _____

City _____ State _____ Zip Code _____

Facility Type: (mark one)

☐ Child Care Center
☐ School-Age Center
☐ Family Child Care Home

Job Position: (mark one)

☐ Director
☐ Provider/Licensee
☐ Assistant Director
☐ Program Supervisor
☐ Site Coordinator
☐ Lead Teacher
☐ Lead Staff/Group Leader
☐ Primary Worker
☐ Assistant or Aide
☐ Volunteer
☐ Household Member
☐ Other

Section 3B: (Optional) In-home/Relative Provider Employment. If you are not the provider, do not complete this section.			
Social Service Payment System (SSPS) Provider Number: #		Employment Start Date (mm/dd/yyyy): ____/____/____	
Section 3C: (Optional) Employment History: Past, Non-Licensed and/or Outside the Child Care Field Employment.			
EMPLOYER		Employer Phone Number	
Employer Address	City	State	Zip Code
Job Position	To: (month/year)	From: (month/year)	
Position Description			
EMPLOYER		Employer Phone Number	
Employer Address	City	State	Zip Code
Job Position	To: (month/year)	From: (month/year)	
Position Description			
SECTION 4: STATEMENT OF UNDERSTANDING (Signature Required to Process Application)			
<p>The information I provided is true and accurate. I authorize the Department of Early Learning (DEL) to enter this information into the Managed Education and Registry Information Tool (MERIT), a secure system owned and operated by DEL. I understand that:</p> <ul style="list-style-type: none"> Information shared with DEL becomes public record and some information in public records is available to the general public upon request. All forms and documentation submitted to DEL will become the property of DEL. All forms and documentation will not be returned, unless I request in writing to have a specific document returned and I provide a self-addressed, stamped envelope. Any form or documentation that appears to have been altered, or on which "white out" is used, will not be processed or verified under any circumstances. If my current name is not on the documentation, I must include proof of name change (e.g. copies of court records denoting marriage, divorce or other documenting name change). For all state-approved training that I attend, I will receive a certificate of completion from the trainer within one week of completing the training. It is my responsibility to provide my STARS ID to the state-approved trainer for any training I complete if I would like STARS credit recorded in my MERIT professional record. I am responsible for maintaining original documents for my personal records. 			
Signature _____		Date _____	

MERIT – Workforce Survey*

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Early Learning

Professional Development Pathways

SECTION 5: WORKFORCE SURVEY*

* You may include this **optional** survey at your discretion. All information is confidential and will not be shared with third parties. DEL will be using de-identified data to look at statewide trends and statistics. Please answer the following questions to the best of your knowledge. These questions pertain to employment within the early care and education and school-age fields.

Why am I being asked about my employment information?

- **To learn more about our workforce...**

We have never been able to capture and track accurate data on our workforce. Part of the goal of our Registry is to serve as the system of record where we can get a true look at who makes up our workforce and who is training and educating professionals across the state.

- **To learn more about where we need to target resources...**

At the policy level, we need to identify where gaps exist in our current system so that we can address needs and prioritize funding and supports.

- **To professionalize our field...**

In order to adequately address needs in our field such as low wages and benefits, we need data to back-up our strategies. For example, many states use professional workforce data to create recommendations for statewide salary scales that adequately compensate professionals for education and experience.

- **To make a case for additional funding...**

Without data, we cannot make a case for supporting initiatives that target professional development. As a state, we need baseline data to find out where workforce is today and demonstrate whether supports help to increase professional development and quality.

1) Are you currently employed?

- ☐ Yes. If you have more than one place of employment within an early care and education and/or school-age setting, **please base your answers on your primary place of employment.** Your primary place of employment is your usual place of employment, or the employer that you consider to be the main support for your annual income.
- ☐ No. Please base your answers on your most recent employment in the field.
- ☐ No experience in the field or other employment.

2) Where are you employed?

- ☐ Primary current employment listed in Section 3A – 3C. Facility Name:
- ☐ Other primary employment *not* listed above. Employer Name:

3) What is your job position? Please use the "Job Position" types from Section 3A:

4) What is the highest level of education you have completed? Please base your answer on completed awards, degrees, etc.

- ☐ High School Diploma/General Educational Development (GED)
- ☐ Community College Certificate in ECE or ECE-related field
- ☐ Child Development Associate (CDA) Credential
- ☐ Associate Degree
- ☐ Bachelor's Degree
- ☐ Master's Degree
- ☐ Doctorate Degree

5) In which Washington county is your primary place of employment located?

6) What is your current Hourly Rate of Pay at your primary place of employment? Please select one.											
<input type="checkbox"/> Less than \$9.04	<input type="checkbox"/> 12.00 – 13.00	<input type="checkbox"/> 17.00 – 19.00	<input type="checkbox"/> 27.00 – 30.00	<input type="checkbox"/> Salary: (Please List)							
<input type="checkbox"/> 9.04 – 10.00	<input type="checkbox"/> 13.00 – 14.00	<input type="checkbox"/> 19.00 – 21.00	<input type="checkbox"/> 30.00 – 35.00								
<input type="checkbox"/> 10.00 – 11.00	<input type="checkbox"/> 14.00 – 15.00	<input type="checkbox"/> 21.00 – 24.00	<input type="checkbox"/> 35.00 – 40.00								
<input type="checkbox"/> 11.00 – 12.00	<input type="checkbox"/> 15.00 – 17.00	<input type="checkbox"/> 24.00 – 27.00	<input type="checkbox"/> 40.00 or more								
7) What types of benefits are offered to you at your primary place of employment? Please select all that apply.											
<input type="checkbox"/> Paid sick leave	<input type="checkbox"/> Disability insurance	<input type="checkbox"/> Paid college tuition									
<input type="checkbox"/> Paid vacation	<input type="checkbox"/> Vision insurance	<input type="checkbox"/> Paid conference/training registration fees									
<input type="checkbox"/> Paid personal days	<input type="checkbox"/> Retirement plan	<input type="checkbox"/> Paid release time for training/school									
<input type="checkbox"/> Paid holidays	<input type="checkbox"/> Free child care	<input type="checkbox"/> Periodic cash bonuses									
<input type="checkbox"/> Health insurance	<input type="checkbox"/> Reduced child care	<input type="checkbox"/> None									
<input type="checkbox"/> Dental insurance	<input type="checkbox"/> Meals	<input type="checkbox"/> Other									
8) When did you receive your last wage increase at your primary place of employment? Please select one.											
<input type="checkbox"/> Within the last 3 months	<input type="checkbox"/> 6 months – 1 year ago	<input type="checkbox"/> I haven't received a wage increase									
<input type="checkbox"/> 3 – 6 months ago	<input type="checkbox"/> More than 1 year ago										
9) How many hours do you currently work per week in early care and education and/or school-age settings?											
<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 11	<input type="checkbox"/> 16	<input type="checkbox"/> 21	<input type="checkbox"/> 26	<input type="checkbox"/> 31	<input type="checkbox"/> 36	<input type="checkbox"/> 40+			
<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 12	<input type="checkbox"/> 17	<input type="checkbox"/> 22	<input type="checkbox"/> 27	<input type="checkbox"/> 32	<input type="checkbox"/> 37				
<input type="checkbox"/> 3	<input type="checkbox"/> 8	<input type="checkbox"/> 13	<input type="checkbox"/> 18	<input type="checkbox"/> 23	<input type="checkbox"/> 28	<input type="checkbox"/> 33	<input type="checkbox"/> 38				
<input type="checkbox"/> 4	<input type="checkbox"/> 9	<input type="checkbox"/> 14	<input type="checkbox"/> 19	<input type="checkbox"/> 24	<input type="checkbox"/> 29	<input type="checkbox"/> 34	<input type="checkbox"/> 39				
<input type="checkbox"/> 5	<input type="checkbox"/> 10	<input type="checkbox"/> 15	<input type="checkbox"/> 20	<input type="checkbox"/> 25	<input type="checkbox"/> 30	<input type="checkbox"/> 35	<input type="checkbox"/> 40				
10) How many months per year do you currently work in early care and education and/or school-age settings?											
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12
11) What are the age groups you currently work with?											
<input type="checkbox"/> Infants	<input type="checkbox"/> Toddlers	<input type="checkbox"/> Preschoolers	<input type="checkbox"/> School Age	<input type="checkbox"/> All							
12) How long have you worked in early care and education and/or school age settings?											
<input type="checkbox"/> Less than 1 year	<input type="checkbox"/> 5 – 7 years	<input type="checkbox"/> 13 – 17 years	<input type="checkbox"/> 25 – 30 years								
<input type="checkbox"/> 1 – 3 years	<input type="checkbox"/> 7 – 10 years	<input type="checkbox"/> 17 – 21 years	<input type="checkbox"/> More than 30 years								
<input type="checkbox"/> 3 – 5 years	<input type="checkbox"/> 10 – 13 years	<input type="checkbox"/> 21 – 25 years									